S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 4 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11297

Registration District No. 410 Primary Registration District No. 4243 Registrar's No. 4

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Jasper (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North main St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether)
In this community (years, months or days) 74 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Jasper (If outside city or town limits, write "RURAL")
(d) Street No. North main St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME George Rice
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sally Lowe Rice
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Mar (Month) 6 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
77	0	21	____ hr. ____ min.

9. Birthplace Blackford Co. Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business farming Blacksmith
MOTHER FATHER
12. Name Nathan C. Rice
13. Birthplace Unknown Indiana (City, town, or county) (State or foreign country)
14. Maiden name Nancy Gilly
15. Birthplace Unknown Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Sally Rice
(b) Address Jasper Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Paradise Cem.
18. (a) Signature of funeral director Chas J. Teeter
(b) Address Jasper Mo
19. (a) Mar. 30 1940 (Date received local registrar) (b) Clara E. Carris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar — day 27 — 1940
year 1940 hour 4 minute 45 a. M.
21. I hereby certify that I attended the deceased from Mar. 25th, 1940, to 3-27, 1940; that I last saw him alive on 3-26, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Cerebral Arteriosclerosis	
Due to	
Other conditions Valvular Heart disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations 92 W
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

855

23. Signature W. H. Knott M.D. (M. D. or other)
Address Jasper, Mo. Date signed 3-27-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 440-913
Date Filed APR 3 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Chas. J. Teeter, Registered Apprentice No. _____, working under my personal supervision.

Signed Chas. J. Teeter

Licensed Embalmer No. 2566

P. O. Address Jasper Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.